NPDB-HIPDB DATA BANK NEWS

U.S. Department of Health and Human Services

HRSA
Health Resources and Services Administration

National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

APRIL 2011

Security Enhancements Improve User Account Confidentiality

Security enhancements coming in April will continue to improve the integrity and safety of the Data Bank. Recently implemented registration procedures and a phased-in registration renewal process are more stringently verifying the identities of Data Bank users. The identity-proofing effort will expand over the next several months to include a series of challenge questions that are customized by each user. The challenge questions will be used, on occasion, at sign-in to provide additional verification of a user's identity. All of these security measures are in keeping with Federal requirements established by the Office of Management and Budget (OMB) and the National Institute of Standards and Technology (NIST).

Challenge Questions

Each Data Bank user will be required to set up five distinct challenge questions. As with most secure online sites, the answers to the questions should be difficult for others to guess, and not available from simple online research—if it is on your Facebook page, it is not a good challenge

Authorized Agents: Roles and Responsibilities

Registered Data Bank organizations may designate an Authorized Agent to query and/or report on their behalf. Authorized Agents may be independent organizations or credentialing verification organizations used for centralized credentialing. A list of registered Authorized Agents can be found on the Data Bank Web site at *http://www.npdb-hipdb.hrsa.gov/AuthorizedAgents*.

The initiating health care organization and the agent should have a written contract in place that specifies the agent's roles and responsibilities. Organizations that use Authorized Agents retain ultimate responsibility for querying or reporting compliance. If you engage an agent to do your reporting, you must ensure that reports are filed accurately and in a timely manner, and submitted in accordance with Data Bank reporting requirements. If you use an Authorized Agent for querying, you must make sure that your agent meets querying requirements. Agents may not share query information with organizations other than the initiating health care organization. If an agent queries on behalf of two hospitals, and both hospitals request information on the same practitioner, the Authorized Agent must query the Data Bank separately on behalf of each

question. However, the answers should be easy to remember for the user. At their convenience, those who have not yet renewed their registration with identity-proofing may set up their challenge questions before their assigned registration renewal date.

Challenge questions can be updated at any time from the *User Account Information* page. Users unable to answer their challenge questions when prompted will have their account locked until they can verify their identity with their organization's Data Bank Administrator or the Data Bank Customer Service Center.

Additional Password Reset Benefit

Not only will the challenge questions enhance account security, but the questions will also enable users to reset their own passwords if forgotten. The Customer Service Center's most common request is a password reset and it receives more than 34,000 requests per year from users who simply cannot remember their password. Moreover, Data Bank Administrators reset an additional 40,000 passwords annually. The Data Bank anticipates that this self-reset capability will reduce the burden on the user and the Data Bank Administrator, and will enable the Customer Service Center to focus on responding to more complex user requests. If you have questions regarding this enhancement, please contact the Customer Service Center at 1-800-767-6732. Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays.❖

hospital. Agents are explicitly prohibited from using information obtained from the Data Bank for any purpose other than that for which the query was submitted. Civil money penalties may be imposed for improperly sharing information. The responsibility for compliance cannot be transferred, contractually or otherwise, to an Authorized Agent.

Establish an Agent Relationship

Before an organization can designate an agent, the agent must be registered with the Data Bank and have a Data Bank Identification Number (DBID). See *http://www.npdb-hipdb.hrsa.gov/AgentRegistration* for instructions. Once registered, the agent may represent multiple health care organizations.

To establish an agent relationship, the registered organization's Data Bank Administrator must complete the form on the *Designate Authorized Agent* page. The system then sends a notification email to the Agent Administrator and explains that the agent's Data Bank Administrator should sign in to the Data Bank to accept the request. If the agent's Data Bank Administrator accepts the designation, then he or she can assign users to begin querying or reporting on the health care organization's behalf. To learn how to designate an agent, go to *http://www.npdb-hipdb.hrsa.gov/DesignateAnAuthorizedAgent*.

Query and Report Responses

Health care organizations that use agents to query and report on their behalf may choose whether the organization or agent receives the query and report responses. The responses can be returned only to the health care organization, only the agent, or both the organization and the agent. In addition, if the organization has an Electronic Funds Transfer (EFT) account on file with the Data Bank, it may opt to permit its Authorized Agent to use this account for query payments. Submissions by the Authorized Agent are clearly differentiated from those of the organization itself on the *Billing Inquiry* page to facilitate billing reconciliations.

Terminating the Agent Relationship

The organization/agent relationship may be deactivated or terminated by the Data Bank Administrator of either organization at any time by selecting a relationship to deactivate from the list of agent relationships. A Data Bank correspondence will notify the other party of the termination. For specific instructions on deactivating an Authorized Agent, go to *http://www.npdb-hipdb.hrsa.gov/DeactivateAnAuthorizedAgent*.❖

Data Bank Outreach and Education Activities

RECENT OUTREACH ACTIVITIES			
CONFERENCE	**LOCATION**	**DATE**	**ACTIVITY**
National Credentialing Forum (NCF) of the American Osteopathic Information Association	San Diego, CA	February 3, 2011	Speaker
American Health Lawyers Association (AHLA) Hospital and Health Systems Law Institute	Las Vegas, NV	February 10-11, 2011	Speaker
Massachusetts Association of Medical Staff Services (MAMSS) Quarterly Education Meeting	Burlington, MA	March 9, 2011	Speaker
UPCOMING OUTREACH ACTIVITIES			
CONFERENCE	**LOCATION**	**DATE**	**ACTIVITY**
Order of St. Francis (OSF) Healthcare System Risk Management Meeting	Peoria, IL	April 19, 2011	Speaker
Minnesota Association of Medical Staff Services (MAMSS) 29th Annual Conference	Breezy Point, MN	April 28, 2011	Speaker
Vistar Technologies User Conference	Miami Beach, FL	May 4-5, 2011	Speaker
Washington Association of Medical Staff Services (WAMSS) Annual Conference	Tulalip, WA	May 12, 2011	Speaker
New York State Association of Medical Staff Services (NYSAMSS) Annual Education Conference	Niagara Falls, NY	May 19, 2011	Speaker
Data Bank Education Forum	Seattle, WA	June 6, 2011	Speaker

We frequently update our schedule so please also refer to our Web site at *http://www.npdb-hipdb.hrsa.gov/OutreachEvents.*❖

Compliance Status Update

On April 1, 2011, the Data Bank will update the *Compliance Status* page located at *http://www.npdb-hipdb.hrsa.gov/ReportingCompliance.* For the first time, this update will include medical and dental State Licensing Board actions.

In 2010, the Data Bank began posting the reporting compliance status of Government agencies that are responsible for submitting adverse licensing and certification actions taken against health care practitioners.❖

Medical Malpractice Payers: What Is Reportable to the NPDB?

Medical Malpractice Payment Reports (MMPRs) on physicians, dentists and other health care practitioners are maintained in the National Practitioner Data Bank (NPDB). If you are an organization that makes medical malpractice payments for the benefit of health care practitioners, this article will help you understand what is reportable to the Data Bank.

What is a medical malpractice payment? Medical malpractice payments are limited to exchanges of money and must be the result of a written complaint or claim demanding monetary payment for damages and based on the practitioner's provision of or failure to provide health care services. The Secretary of Health and Human Services (HHS) understands that at times medical malpractice claims may be settled for convenience and are not necessarily a reflection on the professional competence or professional conduct of a practitioner; nevertheless, all payments made for the benefit of individual practitioners must be reported. Each MMPR must also include a detailed narrative description of the act or injury upon which the claim is based, but may not include Uniform Resource Locator (URL) references, attachments, or embedded documents. There is no requirement for reporting medical malpractice payments made on behalf of health care facilities such as hospitals.

Reporting Requirements for Medical Malpractice Payment Reports—Medical malpractice payers, including self-insured organizations, must report to the NPDB a monetary payment made for the benefit of a physician, dentist, or other health care practitioner for medical malpractice. The report must be submitted to the NPDB within 30 days of the payment, and a copy of the report should also be sent to the appropriate State Licensing Board. Failure to report MMPRs may subject the payer to a civil money penalty of up to $11,000 for each failure to report.

Below are some common circumstances that may affect the reporting of medical malpractice payments:

1. Payments made in the absence of a written claim or suit are not required to be reported. If the demand for payment is oral, it is not reportable. If the claim is subsequently provided in writing and results in a payment, then it is reportable.
2. Payments made to satisfy a claim against an organization, where the claim does not identify an individual practitioner, are not required to be reported.
3. Payments made by individual practitioners, from personal funds that do not receive reimbursement from any source to satisfy the claim, are not reportable. If the funds used come from their professional corporation or group practice or the funds used come from insurers, then the payment must be reported.
4. Payments made for the benefit of medical or dental students are not reportable to the NPDB. Unlicensed student providers provide health care services under the supervision of licensed health care professionals in a training environment.

Common scenarios where an MMPR is required:

- Self-insured hospitals that make a payment for the benefit of licensed or otherwise authorized health care practitioners, or for licensed residents, interns, or other house staff insured by the hospital, are reportable to the NPDB within 30 days of the payment.

- If a practitioner defendant is dismissed from a lawsuit and the dismissal is a condition of the settlement, then the payment is reportable to the NPDB within 30 days of the payment. **Note**: If the practitioner is released independently of the settlement or release, then **NO** report is required.

- If a malpractice payment is made as a result of a settlement or court judgment, each practitioner named or identified in the settlement or judgment must be reported.

- If a payment made for a practitioner is based on a high-low agreement that is in place prior to a verdict or arbitration decision and the payment is made at the low end of the high-low agreement, **AND** liability is assigned to the practitioner by the judge, jury or arbitration decision, then a report is required to be submitted within 30 days of the payment.

For additional information on reportable actions and scenarios, please view the NPDB Guidebook found on the Web site under Resources: *http://www.npdb-hipdb.hrsa.gov/Guidebooks*.❖

Do You Think a Report Is Missing?

Data Bank queriers and users of Continuous Query, formerly known as Proactive Disclosure Service (PDS), who believe that a query response they received is missing a report or contains incomplete information, have an avenue to notify the Data Bank of the possible omission. Every query response contains a link to the *Reporting Compliance* page (figure 1) where the querier can report missing or incomplete data that they feel the Data Bank should research. On this page, the querier is asked to provide additional information including the query Document Control Number (DCN), the practitioner's name, the type of report missing (i.e., medical malpractice payment report, adverse action), additional comments, and the querier's contact information. After the Data Bank investigates the incident, the querier is notified of the investigation outcome. Providing a means for identifying potentially missing information adds a new level of data quality assurance that benefits reporters, queriers, and the public. We encourage queriers to use this reporting compliance feature. ❖
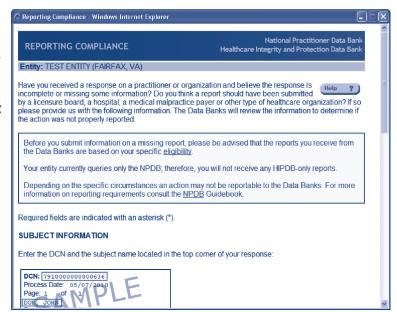

Figure 1. The Reporting Compliance page has an option for queriers to report suspected missing reports.

Helpful Hints From the Data Bank

No PII or URLs in Narratives or Statements—When writing a narrative description, or if you are a practitioner adding a statement to a report, keep in mind that the Data Bank does not allow any Personal Identifying Information (PII) or Web site addresses—Uniform Resource Locators (URLs). Any PII or URLs in a narrative or statement will be removed.

Need Help? Read or Search Our FAQs—Check out the newly condensed, easily searchable *Frequently Asked Questions* (FAQs) page on the Data Bank Web site: *http://www.npdb-hipdb.hrsa. gov/FAQs*. This is where you can find answers to Data Bank questions often asked by users just like you. View the top 10 most frequently asked questions or search the FAQs by topic or phrase to learn more about a specific issue. Topics include: Authorized Agents, Data Bank

Security, Policy Guidance, Self-Query, Software Troubleshooting and Continuous Query, formerly known as Proactive Disclosure Service (PDS).

Not Sure What To Do?—The Customer Service Center reports that a number of Data Bank users click the **Register** button when they do not remember their Data Bank Identification Number (DBID) and cannot sign in to the Web site. Clicking **Register** will not help you sign in if you already have a DBID. Registration is only for new organizations registering with the Data Bank for the first time. Call the Customer Service Center at 1-800-767-6732 if you need help signing in or anytime you are not sure about how to proceed with a task.

Continuous Query—If your organization uses Continuous Query, you do not need to perform traditional one-time queries on your practitioners. Continuous

Query automatically queries 24/7 and alerts you when a report is placed in the Data Bank.

Keep Active User Accounts Only—Data Bank Administrators are responsible for deleting user accounts as soon as employees leave the organization or when a user no longer needs to access the Data Bank. See our Data Bank Administrator Handbook for how and when to delete user accounts: *http://www.npdb-hipdb.hrsa.gov/ resources/AdministratorHandbook. pdf*.

Change Your Password?—If you need to change your Data Bank password you can do so on the *User Account Information* page. Click **Update User Account** on the *Options* page and follow the instructions. Do not forget to **Save** your new password. For additional password tips see *http://www.npdb-hipdb.hrsa.gov/ UserIDsAndPasswords.* ❖

Going Green—What It Means for Data Bank Users

Over the past few years the Data Bank has made strides toward reducing the amount of paper needed for registrations, reports, and other areas where paper has traditionally been required. The Data Bank has "gone green" by using technology to replace traditional paper output. Significant reductions in paper have been achieved in the following areas:

- *Data Bank News*, our quarterly newsletter, has been offered in a searchable, online version for the past 3 years. Improved readability and navigation features beginning in April 2011 may encourage more users to read the newsletter online versus receiving it in the mail.

- All Data Bank documents have been printed double-sided since August 2009.

- As a result of consolidating National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) query responses into a single document in 2009, the Data Bank cut in half the number of pages used for dual-system query responses.

- Registration confirmations have been delivered electronically since January 2010. This initiative alone saved over 4,000 sheets of paper last year.

Committed to Conservation—Almost every Data Bank software enhancement incorporates some feature that minimizes or eliminates paper output. Our efforts as a whole demonstrate that big things can be accomplished on a small scale. Of course, the Data Bank cannot do away with paper altogether—some processes will always require a paper copy, for legal or security reasons. But there are many cases where paper is offered as a courtesy option which can be turned off by the Data Bank user in favor of an online alternative.

Making Headway—The graphs, figures 1 and 2 respectively, depict two major areas of improvement in paper conservation at the Data Bank. Figure 1 reveals that the number of Data Bank newsletters printed and distributed every quarter has steadily decreased since 2008, both in real numbers and relative to the number of *Data Bank News* recipients. This trend suggests that increasing numbers of users and organizations are opting out of the paper newsletter in favor of reading the online version. In 2010, for the first time, fewer newsletters were printed than there were registered Data Bank entities. A similar trend

is evident in the past few years of change report notices, where users have the option of electronic receipt instead of paper. Figure 2 shows that the number of paperless notices has risen consistently, although the gap remains wide between the number of electronic copies and the overall number of report change notices.

The Data Bank's efforts to cut back on paper consumption can benefit greatly from your support. We encourage you to read the online electronic newsletter and opt out of receiving the paper copy. Also, why not opt for online report change notices instead of having paper copies mailed to you? Administrators can make changes to both their newsletter and change notice preferences on the *Notification Preferences* page. Practitioners may be able to forego paper copies of self-query responses in some instances. We hope our readers will consider taking advantage of some of these opportunities to join the Data Bank's "green" initiative. Just a few adjustments in the way you do things can go far towards saving the natural resources we all share.❖
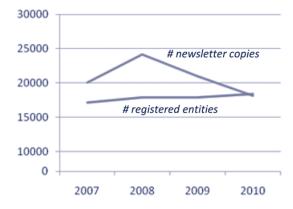

Figure 1. The number of printed copies of the Data Bank News has declined since 2008 when we introduced the e-newsletter.
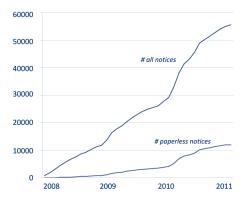

Figure 2. More users choose electronic report change notifications every year, but still far to go.

Dear Data Bank...

This column answers questions about Data Bank policies and procedures. If you have a question, please email "Dear Data Bank" at *help@npdb-hipdb.hrsa.gov*. We look forward to hearing from you!

Question: Will I receive notification if a report is filed against me in the Data Bank?

Answer: Yes. You will receive a copy of the report (initial, correction, revision to action, or void) when the report is placed in the Data Bank. A copy of the report is mailed to the address provided on the report by the reporting organization.

All practitioners should periodically perform a self-query to stay apprised of reports that are in the Data Bank. If you are the subject of a report that contains outdated or incorrect address information, you can update address information maintained in the Data Bank by choosing **Respond to this Report** on the *Self Query Response* page. You can also update your address by using the report number and password from the self-query response to sign in to the *Respond to a Notification* page at *https://www.npdb-hipdb.hrsa.gov/ext/ReportResponseLogin.jsp*.

Question: A State Board suspends a practitioner's license until the practitioner completes additional training. After 25 days, the Board reinstates the practitioner's license. Is this a reportable action?

Answer: Yes. Adverse licensure actions, such as a suspension or a revocation, must be reported regardless of the duration of the action. The State Board should file the suspension as an Initial Report, and then report the reinstatement as a Revision to Action Report.

Question: When using Continuous Query, formerly known as Proactive Disclosure Service (PDS), do I need to submit a traditional query prior to enrolling a practitioner into Continuous Query?

Answer: No. When a practitioner is enrolled in Continuous Query, an official Enrollment Confirmation is provided. Similar to a traditional query response, the Continuous Query confirmation document also includes copies of all prior reports on the practitioner.

Question: As a result of a professional review action, a health care organization summarily suspended a practitioner's license for more than 30 days. However, the practitioner did not have an opportunity for a hearing until after 30 days. Is this action reportable?

Answer: Yes, this action is reportable. Summary suspensions are treated differently than other professional review actions. The procedural rights of the practitioner in a summary action are provided for the period following the suspension, rather than preceding it, in order to prevent imminent danger to the health of any individual. The health care organization should file the summary suspension as an Initial Report. If the suspension is modified or revised as part of a final decision by the governing body, the health care organization must then submit a Revision to Action Report. If the suspension is overturned by the governing body, the health care organization should submit a Void Report.

Question: When I enrolled a practitioner in Continuous Query, I accidentally entered some inaccurate subject information. Do I need to cancel the enrollment and re-enroll the practitioner in order to correct this error?

Answer: No. A unique benefit of Continuous Query is the ability to update subject information without having to resubmit and pay for another enrollment. A subscriber may sign in, access Continuous Query, and update subject information by selecting **Manage Subjects**. The subscriber will receive an Enrollment Confirmation after the update.

Question: In order for a medical malpractice payment to be reportable to the Data Bank, does the payment have to exceed a specific minimum amount?

Answer: No. Regardless of the amount of the payment, each health care organization that makes a payment for the benefit of a practitioner in settlement of, or in satisfaction in whole or in part of, a written claim or judgment against a practitioner, must report the payment information to the NPDB. Be sure to read the *Medical Malpractice Payers: What Is Reportable to the NPDB?* article on page 4 of this newsletter for a more in-depth discussion of reporting requirements for medical malpractice payments.

If you would prefer to discuss a specific issue over the phone, please call the Customer Service Center at 1-800-767-6732. Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays. ❖

On the Horizon

New Registration Renewal Process Phased In Over Next 18-24 Months

New procedures for registration renewal and identity-proofing are underway. When your organization's registration is due for renewal (sometime over the next 18-24 months) you will be required to identity-proof your Data Bank users. Once you renew your registration with identity-proofing, your organization will be able to create multiple Data Bank Administrators and will also be able to assign specific roles for each user account. For more detailed information on the new registration renewal process, see *http://www.npdb-hipdb.hrsa.gov/RegistrationRenewal.*❖

Share Your Continuous Query Story

Do you use Data Bank Continuous Query, formerly known as Proactive Disclosure Service (PDS)? Would you like to share your experience with other Data Bank users? In future newsletters look for the new series of "stories" highlighting organizations that use the Continuous Query service. Find out what these organizations like about Continuous Query and how it helps them with their credentialing requirements. If your organization has a story to share, and would like to participate in the series, contact the Data Bank Customer Service Center via phone at 1-800-767-6732, or via email at *help@npdb-hipdb.hrsa.gov.*❖

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